

Reviewed by: _____

Approved by: _____

QPR: _____ Date: _____

PV 650 JG 0000 _____ Vendor # _____

101 650 0000 4708 _____ Job # _____ \$ _____

101 650 0000 4708 _____ Job # _____ \$ _____

101 650 0000 4708 _____ Job # _____ \$ _____

101 650 0000 4708 _____ Job # _____ \$ _____

Approvals _____ Total Amount \$ _____

Pend 3 _____ Date _____

Pend 4 _____ Date _____

Warrant # _____ Warrant Date _____

R1 Date _____

Revised May 06

OCJA USE ONLY ABOVE LINE

Office of Criminal Justice Assistance
Nevada Department of Public Safety
 MONTHLY FINANCIAL REPORT JAG/PSN/PDM

Subgrantee:	Project No:	Report No:
Address:	Reporting Period	
	From	To
Project Title:		

STATUS OF FUNDS

1. Total expenditures previously reported	_____
2. Total expenditures this period	_____
3. Credits this period	_____
4. Expenditures this reporting period (line 2-3)	_____
5. Total expenditures to date (line 1 + 4)	_____
6. Federal expenditures (line 5)	_____
7. Total Federal funds authorized	_____
8. Unobligated balance of Federal funds (line 7-6)	_____

BUDGET SUMMARY

Category	Budgeted Amounts	Previously Reported	Current Period Expenditures	Total Reported	Total Remaining
Personnel					
Consultants/Contracts					
Travel / Training					
Supplies/Operating					
Confidential/Buy Funds					
Equipment					
TOTALS					

			Previously Reported	Current Period Expenditures	Total Reported
Funds Contributed by Agency	*				

* These figures should not be included in any other tables on this claim form.

Total Federal funds requested on this claim

\$ _____

I certify that to the best of my knowledge and belief, this report is correct and complete and that all expenditures and unpaid obligations are for the purposes set forth under the terms of the approved project.

Signature of Authorized Subgrantee Official

Title

Date